



2024 Certification Examination Application

Salutation: _____ Name: _____ Member ID: _____
(As you would like your name to appear) (If you are an existing member or have previously applied)

Title: _____

Organization: _____

Business Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Fax: _____

Email: _____

Preferred Mailing Address (If different from above): _____

City: _____ Province: _____ Postal Code: _____

Alt. Tel (Home/Work/Cell): _____ Alt. Email: _____

Have you previously applied for this certification examination? Yes No _____
(If yes, please indicate year applied)

Please indicate which examination you wish to write: CRTWC CDMP

Please indicate location of examination: _____

Method of payment of non-refundable application fee: (\$150.00)

MasterCard Visa # American Express # Cheque Enclosed Online Payment

Card Number: _____ Expiry Date (mm/yy) _____ CVV _____

Name of Cardholder: _____

Approval to use card information for sitting fee if application is approved. Yes No

Please make cheque payable to: **NIDMAR Certification Council**

Statement of Understanding

I hereby guarantee that the information submitted for this certification application accurately documents my education and employment experience.

Signature: _____ Date: _____

Membership in Canadian Society of Professionals in Disability Management (CSPDM)

This Application is also your application to become a member of the Canadian Society of Professionals in Disability Management ([CSPDM](#)) at no additional cost, should you successfully complete your certification examination.

Please check the following boxes if:

- You wish to become a member of the CSPDM.
- You wish to have your name published in any professional register.

Signature: _____ Date: _____
dd/mm/yyyy

Submission addresses and instructions noted at the bottom of the checklist on page 2



Certification Examination Application Checklist

Did you remember to include everything?

Before submitting your application, please ensure the following requirements have been fulfilled, as only fully completed applications will be reviewed by the Certification Council.

1. Certification Examination Application

- Completed in full.

2. Education Information

- Complete the Education Summary form.
- Verification of education must be included. Official academic transcripts and course certificates must be attached. (A transcript will be considered official only if it bears the seal of the institution and the signature of the registrar.) ***See note below**

3. Employment Information

- Provide letter(s) of attestation, on the employer's letterhead, signed by your job manager(s)/supervisor(s) verifying employment criteria.

4. Application Fee

- Please remit the **non-refundable** application fee of \$150.00
(cheque, credit card, or online payment)

5. Policy and Procedures

- Before submitting your application, please review the Policies and Procedures
 - [CRTWC Policies and Procedures](#)
 - [CDMP Policies and Procedures](#)

6. Membership in CSPDM

7. Permission to have your name published in professional registry

Please ensure that the documentation required is sent to the designated addresses provided below.

Grant Applications and any grant inquiries must be submitted to nidmar@nidmar.ca

Exam Application packages must be submitted to certification@nidmar.ca

***note Original unopened transcripts** must be submitted to:

Canadian Certification Council c/o NIDMAR, 4755 Cherry Creek Road, Port Alberni, BC V9Y 0A7.

Or can be emailed to certification@nidmar.ca directly from educational institution of issue.